

Participant Directed Programs Policy Collaborative (PDPPC) Agenda

Date and Time: December 18, 2013 1:00 pm – 4:00 pm
Location: MS Society, 900 S. Broadway, 2nd Floor, Denver, CO 80203

Executive Summary:

We had a long discussion about meeting protocol, with a vote in January. Please read that section for content. We need a new client co-chairperson and that will also be voted on in January. Candie reported that the Department is revising the timeline on the FMS re-procurement because they want to take recommendations into account.

Candie also asked for and received feedback on guidance re allocation development. The IHSS group has not met and a meeting doodle will be sent for that group to meet and come up with a work plan to make the IHSS fixes that are necessary for an effective program.

We also heard from Barb Ramsey about the SLS waiver and why expansion is not happening now, and she will report back in January or February with progress and heard about the likely expansion into the BI waiver in January (assuming CMS approves which we expect).

Present in the room:

David Bolin	Sara Horning	John Barry	Sam Murillo
Dawn Russell	Sueann Hughes	Barbara Ramsey	Julie Farrar
Linda Andre	Roberta Aceves	Linda Medina	Mark Simon
Debbie Miller	Tyler Deines	Gabrielle Steckman	Jose Torres
Corrine Lindsay	Candie Dalton	Linda Skaflen	

On the phone:

Kevin Smith (part of meeting)	Rhyann Lubitz	Julie Reiskin	April Boehm
Natalie Komp	Daniel Holzer	Stacia Haynes	
	Alicia Singleton	Margaret Proctor	

Excused:

Cathey Forbes

Kelly Tobin

Robin Bolduc

John Barry called the meeting to order at 1:00 p.m.

November Minutes: Sara Horning moved and Linda Andre seconded approval of minutes. Motion carried unanimously. **Sara Horning can't move the minutes since she wasn't present at that meeting.**

Co-Chair Position: Candie announced that Mary Colecchi has stepped down as Co-Chair for a couple different reasons. We need a new Co-chair. People asked that this be on the January agenda to give people time to discuss and ask people before nominating.

There is not current a "job description" but John will draft one. He said basically it has included three areas:

- a) Running this meeting,
- b) Communicating in between meetings on items like setting the agenda
- c) Responsiveness to other stakeholders.

People should think of who would be good and talk to that person and other leaders before the January meeting.

SLS Expansion: Barb Ramsey was introduced to give a progress report on costs for SLS: In May she presented they were not going to include adding CDASS in waiver renewals. They were not written to include CDASS. This waiver renewal will be out next week for comment.

DDD did not make changes in the waivers to include consumer direction. Barb previously presented that there was not enough money to make it worthwhile with only personal care and homemaker so they needed to include health maintenance.

Barb provided a handout about the home health (HH) utilization. HH utilization as of June 2012 was \$36,493 as cost per person. DDD had determined that they needed cost of \$34,000 to break even on FMS cost. Even though the cost per person does meet this need they cannot translate the whole amount directly to CDASS.

This has to do with how HH is translated to health maintenance and they need to do more work. Barb said that one issue has to do with the higher rate for nursing and not knowing if a visit is 15 minutes or one hour. Several members commented that this should not make a difference because of the extremely high cost of nursing and the lack of a high nursing rate in CDASS should make this a cost saving or cost neutral at worst.

Julie Reiskin asked why not use the methodology from the CDASS pilot? Barb said they have not gotten that far. Julie also asked why they were not including all services. Barb said that they did not want to wait to make that happen and felt they should get the personal care, home health and homemaker done first.

Linda Skaflen asked several questions on the handout. Barb was not sure if she will have more information to report next month due to staff needing to work on the JBC hearings but indicated it would be February at the latest.

Expansion to the Brain Injury (BI) Waiver: Candie Dalton

CDASS is on target to be offered to clients in this waiver on 1/14 pending CMS final approval. Training for case managers was done yesterday (12/17/13). Case managers were taught about the process to get someone on the BI waiver started on CDASS. HCPF and PPL conducted the training together.

They have not gotten final approval from CMS, but Candie had a call today and she is still hoping that they will be able to start 1/1/14. The training for case managers was last big piece of this project. HCPF expects enrollment to be about 10 in first few months. There are the 140 BI clients that are

eligible for CDASS. The clients that have been using the state plan CDASS option since the pilot ended will move from the state plan CDASS to the BI waiver CDASS. This is an administrative change and should not be visible to the client.

Corrine asked if someone with MS who had brain damage could be eligible through this expansion. The answer was no because that was not a specific ICD9 code for the BI waiver. However someone with MS who met level of care could receive HCBS through the elderly, blind and disabled (EBD) waiver and get CDASS via that method.

Stacia asked if clients on the BI waiver who wanted to use CDASS would be pressured to go to the EBD waiver and the answer is NO—because of this change they will be able to stay on the BI waiver AND get CDASS.

PDPPC Procedures Workgroup Report: Sam Murillo and Linda Skaflen

Sam reported on the mini-workgroup that met to discuss procedural norms of PDPPC. This group included Linda A, Linda S, John, Candie and Jose. They reported on the first meeting last month and said that their second meeting was productive. They did not have time to get everything written ahead of time to be sent or mailed.

Therefore, they wanted to present what they had discussed and suggested and then vote next month. There are two parts to their proposal:

- 1) Develop process for a “trigger” time out so that we can address difficult issues immediately and appropriately.
- 2) Develop process for appropriate framing of issues and orientation for someone asked to present to PDPPC and someone requesting to present to PDPPC.

There was a handout in the room that will be posted on the [PDPPC web page](#).

General Comments:

- Julie Farrar said that the Dual project has figured out a good way to work around problems and that was because they do not shy away from difficult issues. No one feels disenfranchised in that group and it was hard to get there. That group and this group are the only groups that are really work and goal oriented. She appreciated the work of this small committee and feels we can make it happen.
- Linda S. said this is not about stopping discussion or preventing difficult issues from coming up, but is about transparency. We need to understand what triggers are and what are misconceptions so we can have groundwork for good solid discussions whether we are happy with them or not.
- Candie said she hopes no one feels disenfranchised in this group but if someone does she wants to hear about it. One of the sentiments she heard in this small group was the agreement that we can have difficult conversations. She said several people in the Dept feel that PDPPC is a good model.
- Sam said that the goal is not to shy away from difficult topics but to prevent miscommunication that leads to non- action. Some things that happen have historical perspectives. Sometimes the history is 5, 10 or even 20 years ago but sometimes it is recently including last week, today, etc.

When something happens and someone is triggered then we need to stop and address, whether the issue was about 30 years ago or yesterday. Sara H asked for concrete examples.

- Linda said that the small group was going to put their ideas in writing and will get it back to us for review. Today is discussion about what they have talked about to date and they want input to determine what does and does not make sense.
- The workgroup felt that if someone got triggered they should be able to get out what they need to say, identify that they are triggered, so we can address it and move on and make sure that we do not

continue to trigger people. Professionals need to understand that these issues are about our lives and not take it personally.

- This is about contextualization—we need to understand why something is happening. Sam explained why this whole issue came about. The group suggests the PDPPC will implement a process to stop and have the person who has the trigger explain what it is, and how to move forward.
- We need to be clear about framing and defining an issue before someone comes into the room. What is the background, where has issue been discussed, what are triggers and have that all on the table before we put something on the agenda. We also define outcomes and systemic issue and what we want to happen. We have the person restate the outcomes.
- Julie Farrar said that when there is frustration it is not personal but it is a PTSD reaction because peoples' lives are being threatened. She said that people are hanging on by their thumbnails keeping all of the pieces together and if the one thing that helps make it work is threatened that will create a reaction.
- Sara said that a lot of the frustration is that we say the same thing over and over and never seem to be heard.
- Question: Do we want to add to our working agreements about a framing process and a “trigger” process? We will vote in January.
- Several people appreciated the work of this small group.
- Sara asked if Candie or John bring emails to the group when the email is relevant. Candie said she would never bring an email without authorization from the sender but she will ask the person if they want it brought up. She can talk about it globally if the person does not want their specific issues

mentioned. Sometimes she can just work through the problem and it is not a policy issue but a glitch. She wants to balance between transparency and confidentiality.

- Linda asked if we need process for input for someone who wants something on the agenda who is not at the meeting. She also asked if someone can bring an issue to the open forum discussion if they cannot be there. This is challenging if the person raising the question is not present because we then do not have the contextual background. There are almost always questions.
- John said that he has received calls from stakeholders about interactions that have occurred between stakeholders at meetings. He said that is not common but happens a couple times a year. He said that the stakeholder co-chair position is so important to help address those issues. He encourages people to talk directly.
- Sara H asked how we could get more people in the program to participate.

Agreement: We need to be clear when we ask anyone to present about what we want them to present about –regardless of whether they are from stakeholder or provider side. Our request should include some briefing including any history of what has already been done.

We also need to be clear about the outcome we seek, so the person coming in knows what we are looking for even if they cannot deliver. We also need to make sure agenda items are put on for a good reason consistent with our work plans.

FMS REPORT: Candie Dalton

A couple weeks ago the Department received an informal recommendation on how they would like the department to move forward on FMS. The Dept was excited about some of the recommendations. They have been doing stakeholder engagement since August to reach out about the FMS process.

They met with the Department of Labor re workers compensation, they sent out RFI, got responses that they reviewed with us and in a small group and more.

The recommendation is to offer both models, employer with choice or fiscal employer agent.

They reached out to consultant and national center and learned there are three states that offer both models. There are some challenges in setting up but works.

- 1) More than 1 FMS in both models.
- 2) Split training from FMS administrative function –two contracts.
- 3) Weight certain things in RFP, such as points for disability inclusion, Colorado based, consumer directed philosophy, reference letters disability orgs, and use of technology for end users and within FMS.
- 4) PDPPC should have oversight role with FMS

Next Steps:

- Recommendations may alter time frame they are taking it seriously
- Next step is to think about and consider and will do draft RFP (also called RFI but different) will go out to everyone—they are working on an updated timeline.

Thanks to April Boehm for the hard work to complete the PPL Health Insurance Data. **We will get a handout but here is what they found:**

- 1) How many attendants will qualify for Medicaid expansion? They used both one month and six month data points. In Sept 2013 60% qualify for Medicaid. If they take a six month block of time the number increased to 68%. This is if they work only for PPL and was used as household of one. They do not know if people have different household sizes or other employment.
- 2) Based on September 2013 data, 22% of the attendants work 30 hours a week and would qualify for employer insurance under ACA under Agency with Choice Model. If we look at a 6 month process it goes down to 19% (876 people)

- 3) How many would NOT qualify for ACA subsidy (based only on PPL income)? Hardly anyone—first they remove those under 133%-very small number that would not qualify for anything (subsidy or Medicaid). maybe 2-3%

There was a discussion about how the subsidy works: If any business does not offer insurance they pay a penalty, but the employees can go through the exchange. If a business offers insurance the employees cannot go through the exchange (unless the insurance is not affordable per the ACA guidelines).

Whether or not they offer insurance versus pay the fine is a business decision.

The group confirmed that PDPPC wanted seats on the contract or RFP review committee and Candie said the Department was planning that.

Mark Simon said that asking for feedback from community on the 21st with only a few working days timeframe too short.

Linda S asked for confirmation that we get another two weeks in January to respond to the RFP.

Candie said if there was additional comment they need it fast as the recommendations sent are a huge departure from what we do now. HCPF wants to have a 6-month transition timeframe That is HUGE undertaking. Candie said HCPF is reworking the time frame given the recommendations.

IHSS: Candie Dalton

Candie sent a doodle poll for IHSS work plan group but they do not have a date yet. She said that the progress in past year has been focused on CDASS and we need to do more on IHSS. She said it is hard to balance because there is so much on all fronts. She wanted to use time to discuss IHSS today

but David said he felt there should be a work group as most of the IHSS folks were not there. Candie said that a lot has happened in last few weeks including the JBC presentation last night.

Allocation Development:

Candie sent out a revised task sheet and guidance and deadline is end of next week but she has already received comments and has some questions.

- 1) Is bathing at one hour too high—answer NO –and there was a discussion about why the task breakdown process is a problem.
- 2) Challenge to case managers is to try to have service plan, ULTC and PAR be totally disconnected

There was discussion about this and how important it is to impress on case managers that they need to do a solid interview, some people will count “bathing” as including some other tasks, others will not. They need to be clear on how much time is needed and make the tasks fit.

Open Forum

1) Debbie Miller has an employee that has not been paid her first check that was due the 23rd of last month. She was a new hire for Brian, but had worked for another client previously and was in the PPL system. Even though the employee filled out a complete new packet per PPL requirements, PPL sent the check to the old address.

When Debbie called April someone else called her back and now PPL wants the person to submit new forms and to get her drivers’ license changed but she does not have time to go to motor vehicles. The employee should now be on direct deposit. Multiple calls were made and no check has occurred.

Gabrielle said it would be handled before April goes on vacation. Debbie asked why we need to fill out application with a new client when they do not use the new information. PPL said that some information was client specific such as the employment agreement but did not answer why they needed to do ALL new paperwork.

- 2) PDPPC was asked to give a presentation to CLAG to assure coordination. Discussion about January or February and Candie said maybe February. We will be clear that we do not report to them. Candie will work with Sam and Jose.

The meeting adjourned at 3:55 p.m.

The next meeting is **January 22, 2014, 1:00 – 4:00 pm, MS Society**

Respectfully submitted
Julie Reiskin